

A0435 (Rev. 04/18; WDVA Rev. 02/19)	ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY DUE DATE:
Amended TRANSCRIPT ORDER FORM			
<i>Please Read Instructions on Page 2.</i>			
1. REQUESTOR'S INFORMATION:	NAME Robert Cahill (Counsel for Plaintiffs)	TELEPHONE NUMBER 703-456-8145	
DATE OF REQUEST 06/07/2021	EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) rcahill@cooley.com; ebolton@cooley.com		
MAILING ADDRESS Cooley LLP, 11951 Freedom Drive, 14th Floor	CITY, STATE, ZIP CODE Reston, VA 20190		
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER Lisa Blair OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 3:17-cv-00072	CASE NAME Sines, et al. v. Kessler, et al.	JUDGE'S NAME Norman K. Moon	
DATE(S) OF PROCEEDING(S) 06/04/2021	TYPE OF PROCEEDING(S) Status Conference	LOCATION OF PROCEEDING Charlottesville, VA	
REQUEST IS FOR: (Select one)	<input checked="" type="checkbox"/> FULL PROCEEDING	OR <input type="checkbox"/>	SPECIFIC PORTION(S) (<i>Must specify below</i>)
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):			
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)			
<input type="checkbox"/> Ordinary (30-Day)	<input checked="" type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day			
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 06/07/2021	SIGNATURE /s/ Robert T. Cahill		

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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